

01807.001033.



PATENT APPLICATION

RECEIVED
NOV 21 2003
Technology Center 2100

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

SYLVAIN JOYEAU, ET AL.

Application No.: 09/882,301

Filed: June 18, 2001

For: DEVICE AND METHOD FOR
CONTROLLING ACCESS TO
COMPUTER PERIPHERALS

Examiner: A. Chen

Group Art Unit: 2182

November 18, 2003

109/11

12/6/03

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being
deposited with the United States Postal Service as First
Class Mail in an envelope addressed to: Commissioner
of Patents and Trademarks, P.O. Box 1450
Alexandria, Virginia 22313-1450
on November 18, 2003
(Date of Deposit)

PETITION UNDER 37 C.F.R. § 1.136(a)

David E.A. Jordan, Reg. No. 50,325
Name of Attorney for Applicant

Sir:

[Signature] Nov 18 '03
Signature Date of Signature

Applicants petition the Commissioner for Patents to extend the time for
response to the Office Action dated July 18, 2003 for one month from October 18, 2003 to
November 18, 2003.

Submitted herewith is a check for \$110.00 to cover the fee for the extension
under 37 C.F.R. § 1.17. Any deficiency in or overpayment of this fee should be charged or
credited to Deposit Account 06-1205. A duplicate copy of this petition is enclosed.

11/24/2003 JBALINAW 00000125 09882301

01 FC:1251

110.00 OP

Applicants' undersigned attorney may be reached in our Costa Mesa,
California office at (714) 540-8700. All correspondence should continue to be directed to
our below-listed address.

Respectfully submitted,

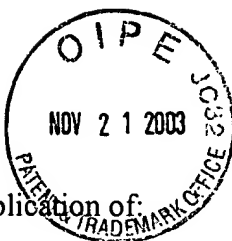


Attorney for Applicants

Registration No. 50325

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-2200
Facsimile: (212) 218-2200

CA_MAIN 72964 v 1



In re Application of:
SYLVAIN JOYEAU, ET AL.

Application No.: 09/882,301

Filed: June 18, 2001

For: DEVICE AND METHOD FOR CONTROLLING
ACCESS TO COMPUTER PERIPHERALS

Docket No.

01807.001033.

Examiner: A. Chen

Group Art Unit: 2182

Date: November 18, 2003



THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 26	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

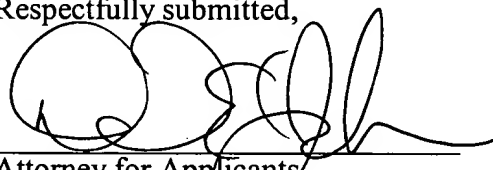
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 110.00 to cover the fee for a one month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 50,325

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120
CA_MAIN 71616 v 1